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08/28/2009

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(Depositor's name)	JOANN KUCZYNSKI
(Signature)	On ann Kucsesmski
(Date)	10-29-09 a

APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/583,515	03/21/2007		Michael F O'Rourke		000877/0002	1448
ITTLE OF INVENTION	: METHOD AND APPA	ARATUS FOR DETERM	IINATION OF CENTRAL	AORTIC PRESSURE		
	_					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
MALLARI, F	ATRICIA C	3735	600-485000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p (1) the names of up to	3 registered patent atto	meyandaus, sceal	es, starke & Sawall, I
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(2) the name of a singl	e firm (having as a mem	ber a 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or a	gent) and the names of rneys or agents. If no na	up to	<u> </u>
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)		
PLEASE NOTE: Unl recordation as set forth	ess an assignee is ident n in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NC	e data will appear on the pa of a substitute for filing an	atent. If an assignee is assignment,	identified below, the d	ocument has been filed for
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ATCOR MED	ICAL PTY. L	JD.	WEST RVDE,	AUSTRALIA)	NSW2114	
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Authorized Signature ______

Date 10-29-09

Typed or printed name EDWARD R. WILLIAMS, JR.

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